

MAR 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County HowellRegistration District No. 384File No. 6088

Township _____

Primary Registration District No. 4227

Registered No. _____

City West Plains, Mo. (No. _____) St. _____ Ward _____2. FULL NAME Orla Belinda Nelson(a) Residence, No. _____ St. _____ Ward. Caulfield, Mo.
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvin Nelson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known7. AGE YEARS 25 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa13. NAME Frank Conzenius14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Belinda16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT Alvin Nelson (ADDRESS) Caulfield, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Fowler Cem. DATE Feb. 7 193719. UNDERTAKER Robertson's (ADDRESS) West Plains, Mo.20. FILED 2/6/37 vide W. Simons

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 193722. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1937 to Feb. 6 1937I last saw her alive on Feb. 6 1937 Death is saidto have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

Septic infection 1/13/37 Date of onset

Other contributory causes of importance:

Extensive burns of backName of operation None Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/13 1937Where did injury occur? Caulfield, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home Manner of injury Clothing caught fireNature of injury Extensive burns24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. E. Rogers M. D.(Address) West Plains, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

